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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/539,082	
	Filing Date	International Filing Date:	
	First Named Inventor	James M. Swanson	
	Group Art Unit	1634	
	Examiner Name	Unassigned	
Total Number of Pages in This Submission	5	Attorney Docket Number	121-000910US

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> Amendment and Request for Reconsideration <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input checked="" type="checkbox"/> Receipt Acknowledgement Postcard <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> PTO-1449 Form <input type="checkbox"/> Cited References <input type="checkbox"/> Copy of PCT Search Report <input checked="" type="checkbox"/> Statement 3.73(b) <input checked="" type="checkbox"/> Submission of Power Cover Sheet <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> Interview Summary <input type="checkbox"/> Request for Continued Examination (RCE) <input type="checkbox"/> Request for Corrected Filing receipt <input type="checkbox"/> Copy of Filing Receipt – marked up <input type="checkbox"/> Status Letter <input type="checkbox"/> Additional Enclosure(s) (please identify below):
Authorization to Charge Deposit Account Please charge Deposit Account No. 50-0893 for any additional fees associated with this paper or during the pendency of this application, including any extensions of time for consideration of the documents enclosed.		
<input style="width: 150px; height: 20px; border: 1px solid black; margin: 0 auto;" type="text"/> Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Jonathan Alan Quine, Reg. No. 41,261, Quine Intellectual Property Law Group, P.C.
Signature	
Date	September 13, 2007

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Deborah Berwick
Signature	
Date	September 13, 2007